

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

Case No.: 21-71691
Chapter 13

IN RE:

Douglas J Filardo
Debtor(s).

DECLARATION OF SPOUSAL CONTRIBUTION

1. My name is Francine Filardo.
I am over 18 years of age and I reside at 27 Montauk Hwy Westhampton Ny 11977. I swear under penalty of perjury that the information provided in this Declaration of Contribution is true and correct.
2. I understand that the debtor, Douglas Filardo has listed me as a Contributor to his/her Chapter 13 plan. As the debtor's spouse, I have reviewed the budget on Schedules I and J and each month I will contribute my entire income to the budget to fund the Chapter 13 plan in the amount of \$1880.55.
3. My income is derived from:
☒ Employment as a Home Healthcare worker by Maxim Healthcare Services
7227 Lee DeForest Dr Columbia Md (insert employer name and address).
A copy of my most recent pay stub is attached to show my ability to make payments. 21046
☒ Benefits from SSI. A copy of a benefit statement is provided to show my ability to make payments.
4. I am:
☒ a co-obligor with the debtor on the following obligations:
Town of Southampton property tax
☐ not obligated on any debts with the Chapter 13 debtor.
5. I am:
☒ related to the debtor. State relationship Spouse.
☐ not related to the debtor.
6. I have
☐ attached a copy of my most recent US Tax Return as requested.
☐ not filed tax returns because I have an exempt status.
☒ Four pay stubs

Date:

Francine Filardo
Signature



MAXIM HEALTHCARE SERVICES, INC.
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-----------------|-----------------|
| Regular | 2.5100 | 9.18 | 23.04 | 2,146.50 |
| Regular | 14.7100 | 9.18 | 135.03 | |
| In-Service | | | | 0.24 |
| Orientation | | | | 14.00 |
| Short Pay | | | | 58.54 |
| Gross Pay | | | \$158.07 | 2,219.28 |

| Deductions | Statutory | | |
|--------------------------|-----------------|--------|--|
| Social Security Tax | -9.80 | 137.60 | |
| Medicare Tax | -2.29 | 32.18 | |
| NY State Income Tax | -0.63 | 20.87 | |
| NY SDI Tax | -0.60 | 7.37 | |
| NY Paid Family Leave Ins | -0.81 | 11.34 | |
| Adjustment | | | |
| Data Reimburs | +1.00 | | |
| Net Pay | \$144.94 | | |
| Dd Checking 1 | -144.94 | | |
| Net Check | \$0.00 | | |

Your federal taxable wages this period are \$158.07

Earnings Statement



Period Beginning: 09/26/2021
Period Ending: 10/02/2021
Pay Date: 10/08/2021

FRANCINE FILARDO
27 MONTAUK HWY
WESTHAMPTON NY 11977

| Other Benefits and Information | this period | total to date |
|--------------------------------|-------------|---------------|
| Ny Sick Balance | | 7.78 |

Important Notes
COMPANY PHONE NUMBER 1.800.394.7195.

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
Exemptions/Allowances:
NY: 0

| Earnings | rate | hours | this period |
|---------------------------|---------|--------------|-------------|
| (0928-VH) Regular | 14.7100 | 4.95 | 72.81 |
| (1001-VH) Regular | 14.7100 | 4.23 | 62.22 |
| (1002-WO) Regular | 2.5100 | 9.18 | 23.04 |
| Total Hours Worked | | 18.36 | |

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MAXIM HEALTHCARE SERVICES, INC.
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046

Advice number: 00000401617
Pay date: 10/08/2021

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|----------|
| FRANCINE FILARDO | XXXXXXXX3565 | XXXX XXXX | \$144.94 |

VOID AFTER 180 DAYS

NON-NEGOTIABLE



MAXIM HEALTHCARE SERVICES, INC.
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

Earnings Statement



Period Beginning: 10/03/2021
Period Ending: 10/09/2021
Pay Date: 10/15/2021

FRANCINE FILARDO
27 MONTAUK HWY
WESTHAMPTON NY 11977

| Earnings | rate | hours | this period | year to date |
|------------------------|---------|-------|-----------------|-----------------|
| Regular | 2.5100 | 17.70 | 44.43 | 2,451.30 |
| Regular | 14.7100 | 17.70 | 260.37 | |
| In-Service Orientation | | | | 0.24 |
| Short Pay | | | | 14.00 |
| | | | | 58.54 |
| Gross Pay | | | \$304.80 | 2,524.08 |

| Deductions | Statutory | | |
|--------------------------|-----------------|--------|--|
| Social Security Tax | -18.89 | 156.49 | |
| Medicare Tax | -4.42 | 36.60 | |
| NY State Income Tax | -6.50 | 27.37 | |
| NY SDI Tax | -0.60 | 7.97 | |
| NY Paid Family Leave Ins | -1.56 | 12.90 | |
| Adjustment | | | |
| Data Reimburs | +2.00 | | |
| Net Pay | \$274.83 | | |
| Dd Checking 1 | -274.83 | | |
| Net Check | \$0.00 | | |

| Other Benefits and Information | this period | total to date |
|--------------------------------|-------------|---------------|
| Ny Sick Balance | | 8.96 |

Important Notes
COMPANY PHONE NUMBER 1.800.394.7195.

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
Exemptions/Allowances:
NY: 0

| Earnings | rate | hours | this period |
|---------------------------|---------|--------------|-------------|
| (1004-VH Regular) | 14.7100 | 4.18 | 61.49 |
| (1005-VH Regular) | 14.7100 | 4.58 | 67.37 |
| (1007-VH Regular) | 14.7100 | 4.32 | 63.55 |
| (1008-VH Regular) | 14.7100 | 4.62 | 67.96 |
| (1009-WO Regular) | 2.5100 | 17.70 | 44.43 |
| Total Hours Worked | | 35.40 | |

Your federal taxable wages this period are \$304.80

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MAXIM HEALTHCARE SERVICES, INC.
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046

Advice number: 00000411646
Pay date: 10/15/2021

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|----------|
| FRANCINE FILARDO | xxxxxxx3565 | xxxx xxxx | \$274.83 |

VOID AFTER 180 DAYS

NON-NEGOTIABLE

CO: FIRE DEPT: CLOCK: VCHR: NO:



MAXIM HEALTHCARE SERVICES, INC.
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

Earnings Statement



Period Beginning: 10/10/2021
Period Ending: 10/16/2021
Pay Date: 10/22/2021

FRANCINE FILARDO
27 MONTAUK HWY
WESTHAMPTON NY 11977

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-----------------|-----------------|
| Regular | 2.5100 | 10.38 | 26.05 | 2,630.04 |
| Regular | 14.7100 | 10.38 | 152.69 | |
| In-Service | | | | 0.24 |
| Orientation | | | | 14.00 |
| Short Pay | | | | 58.54 |
| Gross Pay | | | \$178.74 | 2,702.82 |

| Deductions | Statutory | | year to date |
|--------------------------|-----------|-----------------|--------------|
| Social Security Tax | -11.08 | | 167.57 |
| Medicare Tax | -2.59 | | 39.19 |
| NY State Income Tax | -1.46 | | 28.83 |
| NY SDI Tax | -0.60 | | 8.57 |
| NY Paid Family Leave Ins | -0.91 | | 13.81 |
| Adjustment | | | |
| Data Reimburs | +1.00 | | |
| Net Pay | | \$163.10 | |
| Dd Checking 1 | -163.10 | | |
| Net Check | | \$0.00 | |

| Other Benefits and Information | this period | total to date |
|--------------------------------|-------------|---------------|
| Ny Sick Balance | | 9.65 |

Important Notes

COMPANY PHONE NUMBER 1.800.394.7195.

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
Exemptions/Allowances:
NY: 0

| Earnings | rate | hours | this period |
|---------------------------|---------|--------------|-------------|
| (1012-VH) | | | |
| Regular | 14.7100 | 6.13 | 90.17 |
| (1015-VH) | | | |
| Regular | 14.7100 | 4.25 | 62.52 |
| (1016-WO) | | | |
| Regular | 2.5100 | 10.38 | 26.05 |
| Total Hours Worked | | 20.76 | |

Your federal taxable wages this period are \$178.74

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MAXIM HEALTHCARE SERVICES, INC.
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046

Advice number: 00000421650
Pay date: 10/22/2021

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|----------|
| FRANCINE FILARDO | xxxxxxx3565 | xxxx xxxx | \$163.10 |

THIS IS NOT A CHECK

VOID AFTER 180 DAYS

NON-NEGOTIABLE



MAXIM HEALTHCARE SERVICES, INC.
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046

Earnings Statement



Period Beginning: 10/17/2021
Period Ending: 10/23/2021
Pay Date: 10/29/2021

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

FRANCINE FILARDO
27 MONTAUK HWY
WESTHAMPTON NY 11977

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-----------------|-----------------|
| Regular | 2.5100 | 13.59 | 34.11 | 2,864.06 |
| Regular | 14.7100 | 13.59 | 199.91 | |
| In-Service | | | | 0.24 |
| Orientation | | | | 14.00 |
| Short Pay | | | | 58.54 |
| Gross Pay | | | \$234.02 | 2,936.84 |

| Other Benefits and Information | this period | total to date |
|--------------------------------|-------------|---------------|
| Ny Sick Balance | | 10.56 |

Important Notes

COMPANY PHONE NUMBER 1.800.394.7195.

Additional Tax Withholding Information

Taxable Marital Status:
NY: Single
Exemptions/Allowances:
NY: 0

| Deductions | Statutory | |
|--------------------------|-----------------|--------|
| Social Security Tax | -14.51 | 182.08 |
| Medicare Tax | -3.39 | 42.58 |
| NY State Income Tax | -3.67 | 32.50 |
| NY SDI Tax | -0.60 | 9.17 |
| NY Paid Family Leave Ins | -1.20 | 15.01 |
| Adjustment | | |
| Data Reimburs | +1.50 | |
| Net Pay | \$212.15 | |
| Dd Checking 1 | -212.15 | |
| Net Check | \$0.00 | |

| Earnings | rate | hours | this period |
|--------------------|---------|-------|-------------|
| (1018-VH) | | | |
| Regular | 14.7100 | 4.17 | 61.34 |
| (1019-VH) | | | |
| Regular | 14.7100 | 5.17 | 76.05 |
| (1020-VH) | | | |
| Regular | 14.7100 | 4.25 | 62.52 |
| (1023-WO) | | | |
| Regular | 2.5100 | 13.59 | 34.11 |
| Total Hours Worked | | 27.18 | |

Your federal taxable wages this period are \$234.02

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MAXIM HEALTHCARE SERVICES, INC.
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046

Advice number: 00000431634
Pay date: 10/29/2021

| | | | |
|-----------------------------|----------------|-------------|----------|
| Deposited to the account of | account number | transit ABA | amount |
| FRANCINE FILARDO | xxxxxxx3565 | xxxx xxxx | \$212.15 |

VOID AFTER 180 DAYS

NON-NEGOTIABLE

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Northeastern Program Service Center
1 Jamaica Center Plaza
Jamaica, New York 11432-3898
Date: October 13, 2021

FRANCINE FILARDO
27 MONTAUK HIGHWAY
WESTHAMPTON NY 11977-1211

We are writing to you about your Social Security benefits.

What You Should Know

We changed your monthly benefit to \$1,233.20 as of January 2021. We found that your prior amount was incorrect.

We changed your benefit amount to give you credit for your 2020 earnings. We did not include these earnings when we figured your benefit amount before.

What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$45.00 around October 21, 2021.
- This is the money you are due through September 2021.
- You will receive \$1,084.00 for October 2021 around November 10, 2021.
- After that you will receive \$1,084.00 on or about the second Wednesday of each month.

Information About Medicare

We will continue to deduct the Medicare Part B (medical insurance) premium of \$148.50 from your payments.

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration